

Exhibit A

Group Life Insurance Summary Plan Description

The Coca-Cola Company

Effective January 1, 2005

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Introduction

This Summary Plan Description describes group life insurance coverage for eligible employees and retirees of The Coca-Cola Company ("Company") or participating affiliates. Life insurance provides your family or **beneficiary** with a measure of financial security in the event of your death. Some insurance benefits may be payable earlier if you become **terminally ill**.

Nothing in this summary says or implies that participation in the included plan or program (collectively, the "plan") is a guarantee of continued employment with the Company or a participating affiliate. Nor is it a guarantee that benefit levels will remain unchanged in future years. The Company reserves the right to end, suspend or amend this plan at any time, in whole or in part.

While this summary describes the principal provisions of the plan, the administration of the plan is subject to the actual terms and provisions of the plan as set forth in the plan document and the applicable insurance policy. This description is intended only to help you understand the plan, and can in no way be considered to modify the actual terms of the plan document or insurance policy.

The Administrative Information summary describes your legal rights and provides legal and technical information about the plans. Please review this information carefully. It is an integral part of each of the Summary Plan Descriptions.

This summary is intended for use by and applies only to employees of the Company or a participating affiliate. An individual will be treated as an "employee" for purposes of this summary only if he or she is actually classified as an employee by the Company or a participating affiliate on its payroll, personnel and benefits system, and is paid for services rendered through the Company's or a participating affiliate's payroll system, as distinguished from its accounts payable department. No other individual will be treated as an employee for purposes of this summary.

Plan Participation and Cost

Eligibility

You are eligible for group life insurance coverage if you are an employee of the Company or a participating affiliate who is not classified as an intern, co-op, or temporary, seasonal or leased employee, as defined by your employer, or scheduled to work less than 17½ hours per week, and who is normally scheduled to work the number of hours and weeks of the year that are standard for the division or subsidiary to which the employee is assigned. International service employees identified by the Company as eligible to participate in the plan and **eligible retirees** may also elect group life insurance coverage.

Employee must be in active service in order to be eligible to elect coverage.

Please note that if you are an international service employee and choose to enroll in a life insurance plan offered by your home or host country (at a level of two times basic life or greater), or if you participate in a Company pension plan while on international assignment that offers an additional death benefit (at a level of two times basic life or greater), you may not enroll in the group life insurance plan and must elect the No Coverage option.

If you are an employee represented by a bargaining agent, you may not participate in this plan unless participation has been agreed upon by both your bargaining agent and the Company.

When coverage begins

You are eligible for life insurance coverage on your first day of employment.

Annual enrollment

Each year the Company conducts an enrollment for all benefit plans. You can change your life insurance coverage once a year, during annual enrollment.

Qualified changes in status

It is important to remember that once you choose a coverage level, you must keep that coverage until the next annual enrollment period. Changes made during annual enrollment are effective on January 1 of the following year. You may change your life insurance coverage during the year only if you have a qualified change in status affecting your need for coverage. Qualified changes in status include:

- marriage, divorce or legal separation;
- termination of a same-sex domestic partner relationship; or
- birth, adoption or death of a dependent.

The plan only allows a change in your coverage if the change is consistent with your qualified change in status. You must notify **The Coca-Cola Company Benefits Service Center** within 60 days of the status change in order to change your coverage. If proper notification is made, coverage will begin on the date of the qualified change in status, or end on the last day of the month in which the change occurred. If you fail to meet this deadline, you will not be able to change your coverage until the next annual enrollment period.

Notification to the **insurance carrier** or to a Company Human Resources representative does not meet the requirement of notifying The Coca-Cola Company Benefits Service Center.

Evidence of insurability may be required for your change. See the section "Changing your coverage" for more details.

Your cost for coverage

The cost for your life insurance coverage is based on your age and your amount of coverage.

The Company contributes the cost for one times your **basic life amount** coverage. If you elect greater than one times the basic life amount, you must pay premiums for the additional coverage. For eligible active associates, premiums are paid through payroll deductions. For eligible retirees, premiums for additional coverage are paid on an after-tax basis, generally through deductions from your retirement income. If you do not receive retirement income, you will be billed for your premiums.

Naming a Beneficiary

You should name a beneficiary(ies) to receive life insurance benefits. Beneficiary designations are handled through The Coca-Cola Company Benefits Service Center.

Your beneficiary

When you enroll in the life insurance plan, you will be asked to name a beneficiary -- someone who will receive benefits under the plan if you die. You may name more than one beneficiary, but you will have to indicate how benefits should be payable among them.

If you do not name a beneficiary

If you do not name a beneficiary or if your beneficiary dies before you, the benefits will be paid, in equal shares, to the survivors in the first surviving class of the following: (1) spouse, (2) children, (3) parents, or (4) brothers and sisters. If none of these relatives survive you, then benefits will be paid to your estate. If you enroll for family coverage and no beneficiary is living after the covered dependent's death, benefits will be paid to the deceased dependent's estate.

Changing your beneficiary

You may change your beneficiary designation at any time by contacting The Coca-Cola Company Benefits Service Center or completing the information on the *Your Benefits Resources*[™] Web site. *Your Benefits Resources*[™] is accessible through links on All About Me on @KO, the Company's worldwide intranet or directly through the internet at http://resources.hewitt.com/ko_benefits.

Life Insurance Amounts

You have several life insurance options from which to choose.

Coverage options

The amount of your coverage is determined by a multiple of your basic life amount. Your basic life amount is based on your annual earnings as of September 1 of the year prior to the effective date of coverage, or your date of hire if later, according to the chart below:

Annual Earnings	Basic Life Amount
Less than \$25,000	\$ 25,000
\$ 25,000 - 49,999	\$ 50,000
\$ 50,000 - 74,999	\$ 75,000
\$ 75,000 - 99,999	\$100,000
\$100,000 - 124,999	\$125,000
\$125,000 - 149,999	\$150,000
\$150,000 - 174,999	\$175,000
\$175,000 - 199,999	\$200,000
\$200,000 - 224,999	\$225,000
\$225,000 - 249,999	\$250,000
\$250,000 - 274,999	\$275,000
\$275,000 and more	\$300,000*
*\$300,000 is the maximum basic life amount.	

You have several coverage options from which to choose. Your choices include:

- 1 times basic life amount
- 2 times basic life amount
- 3 times basic life amount
- 4 times basic life amount
- 5 times basic life amount
- \$50,000

What "annual earnings" means

Your basic life amount is determined by your annual earnings. During your first year of employment, your basic life amount is based on your basic annual salary as of your hire date. After your first year of employment, your annual earnings means your basic annual salary as of the September 1 of the prior calendar year. Annual earnings exclude overtime, bonuses and other forms of special compensation

For employees going from limited part-time to regular part-time or full-time, annual earnings means your base rate of pay as of the date of your status change.

Although your basic life amount is determined by your annual earnings, your life insurance benefit will not be changed if your annual earnings increase or decrease during the plan year.

The \$50,000 option

Federal law requires that an additional amount of income be added to your taxable earnings for life insurance coverage greater than \$50,000. This added income is called **imputed income**. The Company offers a \$50,000 life insurance level (where \$50,000 is not a multiple of the basic life amount) to employees so that they have the option to get the most life insurance possible without receiving imputed income.

Default coverage

If you do not enroll in the life insurance plan during the annual enrollment, you will be assigned the same coverage option you had in the prior year. (Note: The amount of coverage may change because your basic life amount has increased, or the premium for coverage may change.)

Maximum insurance

The highest level of life insurance coverage you can receive is the lesser of five times your basic life amount or \$1,500,000.

Changing your coverage

You may change your level of coverage during annual enrollment. There are no restrictions on decreases in coverage. However, after your initial enrollment, any increase in life insurance will require evidence of insurability, except for:

- an increase to \$50,000
- an increase that changes your coverage from the flat \$50,000 option to one times your basic life amount.

After annual enrollment, you will be provided with an evidence of insurability form from The Coca-Cola Company Benefits Service Center. If you do not receive this form from The Coca-Cola Company Benefits Service Center, it is your responsibility to contact the service center and request the form. You must complete and return the form directly to the insurance carrier within 60 days of the date printed on the form. No changes in coverage are effective until this form is approved by the insurance carrier.

Changing your coverage (continued)

While your request for increased coverage is being considered, you will be covered under the highest option that does not require evidence of insurability.

If, after submitting evidence of insurability, your request for increased coverage is denied, you will continue to be covered at your previous level of coverage under the highest option that does not require evidence of insurability. If your request is approved by the insurance carrier, the higher coverage will go into effect as of the beginning of the next year or on the date coverage is approved, if later. Payroll deductions for the higher coverage will begin as of the first pay period of the year or the first pay period after coverage is approved, if later.

If you want to decrease your coverage, the change in coverage and payroll deductions will take effect as of the first pay period after the beginning of the year. Remember that if you later want to increase your coverage back to its previous or greater amount, you will have to provide evidence of insurability.

Continuation for Disability

If an Employee is under age 60 and is receiving disability benefits under the Company's long-term disability insurance plan, life insurance benefits will continue until the earliest of the following dates:

1. The date the employee is no longer receiving disability benefits;
2. The date the employee retires; or
3. The day after the period for which premiums are paid.

If the employee dies during this period, the plan will pay benefits in effect on the day before he or she began receiving disability benefits. The benefits payable will be subject to the provisions that may reduce or terminate coverage on account of age, retirement, acceleration or change in eligible class.

Exclusions

If an insured commits suicide, while sane or insane, within 2 years from the date his or her insurance under the policy becomes effective, benefits will be limited to a refund of the premiums paid on the insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in life insurance benefits.

Applying for Benefits

A claim must be filed for a payment to be made.

How to file a claim

If you die, the Company will contact your beneficiary(ies) as soon as possible to explain what benefits are payable and the form of payment.

The Coca-Cola Company Benefits Service Center will help your beneficiary(ies) with the necessary forms and documents needed for processing the claim. Your beneficiary must provide The Coca-Cola Company Benefits Service Center with proof of death in order for the claim to be filed with the insurance carrier. Once this proof has been received, approved and processed with the insurance carrier, benefits will be paid as soon as possible.

The insurance carrier has 45 days from the date it receives your claim for disability benefits, or 90 days from the date it receives a claim for any other benefit, to determine whether or not benefits are payable in accordance with the terms and provisions of the plan. The insurance carrier may require more time to review your claim if necessary due to circumstances beyond its control. If this should happen, the insurance carrier must notify you or your beneficiary in writing that its review period has been extended for up to two additional periods of 30 days (in the case of a claim for disability benefits), or one additional period of 90 days (in the case of any other benefit). If this extension is made because you or your beneficiary must furnish additional information, these extension periods will begin when the additional information is received. You or your beneficiary have up to 45 days to furnish the requested information.

During the review period for disability benefits or terminal illness benefit, the insurance carrier may require you to have a medical examination at its own expense, or provide additional information regarding the claim. If a medical examination is required, the insurance carrier will notify you of the date and time of the examination and the physician's name and location. It is important that you keep any appointments made since rescheduling examinations will delay the claim process. If additional information is required, the plan must notify you, in writing, stating the information needed and explaining why it is needed.

If the claim is approved, you or your beneficiary will receive the appropriate benefit from the insurance carrier.

When a claim is denied, you will normally receive a written notification of the denial within 90 days after filing (special circumstances may require an extension of this period of up to and additional 90 days). The notice will explain:

- the specific reason(s) the claim was denied;
- specific reference to the plan provision(s) on which the denial was based;
- any additional information required for your claim to be reconsidered, and the reason this information is necessary;
- identification of any internal rule, guideline or protocol relied on in making the claim decision; and

a statement informing you of your right to appeal the decision and an explanation of the appeal procedure, as outlined below.

If a claim is denied

Whenever a claim is denied, you have the right to appeal the decision. You (or your duly authorized representative) must make a written request for appeal to the insurance carrier within 60 days from the date you receive the denial. If you do not make this request within that time, you will have waived your right to appeal.

Once your request has been received, a prompt and complete review of your claim must take place. This review will give no deference to the original claim decision and will not be made by the person who made the initial claim decision. During the review, you (or your duly authorized representative) have the right to review any documents that have a bearing on the claim, including the documents which establish and control the plan. You may also submit issues and comments that you feel might affect the outcome of the review.

The insurance carrier has 60 days from the date it receives your request to review your claim and notify you of its decision. Under special circumstances, the insurance carrier may require more time to review your claim. If this should happen, the insurance carrier must notify you, in writing, that its review period has been extended for an additional 60 days. Once its review is complete, the insurance carrier must notify you, in writing, of the results of the review and indicate the plan provisions upon which it based its decision.

If the claim is denied during the appeal, the notice will explain:

- that you are entitled to receive, upon request and free of charge, reasonable access to pertinent documents, records, and other information relevant to your claim for benefits;
- your right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review;
- any internal rule, guideline or protocol relied upon; and
- a statement that the plan does not have any voluntary appeals procedures such as voluntary arbitration, but that you and the plan may have other voluntary alternative dispute resolution options, such as mediation.

Method of payment

Unless the amount payable to your beneficiary(ies) is less than \$5,000, life insurance proceeds will be paid through a checkbook account provided by the insurance carrier. Your beneficiaries are authorized to write checks on this account from \$250 up to the full amount of your benefit. The account is credited with a money market interest rate, which is guaranteed by the insurance carrier, along with the principal. There are no maintenance charges, checking account fees, or withdrawal charges. Once your account balance falls below \$2,500, the insurance carrier will send a lump sum payment for the remainder of the benefit. Consult with your tax advisor regarding any tax implications of this program.

Coverage After Retirement

If you have five or more years of continuous service when you retire, your life insurance coverage continues until age 70. At age 70, coverage continues at a decreased level.

Your life insurance coverage continues until the end of the month in which your employment terminates. After this period, your life insurance continues as described below if you are an eligible retiree and have five or more years of **continuous service**, provided that you pay any required premium.

Before age 70

Before January 1, 1990, life insurance amounts varied in accordance with Company guidelines in effect at your retirement date. A portion of that amount is provided by the Company.

After January 1, 1990, one times your basic life amount is provided by the Company. You will have the option of a flat \$50,000 amount or one times the basic life amount at no cost to you. If your level of coverage at retirement is greater than one times your basic life amount, you may continue this coverage by paying the required premium on an after-tax basis. If you elect to keep an amount greater than \$50,000, you will be subject to imputed income. Retired employees will generally have contributions for optional insurance deducted monthly from their retirement plan income.

For specific information about your coverage, you should contact The Coca-Cola Company Benefits Service Center.

At age 70

Upon reaching age 70, Company-paid life insurance coverage continues at a decreased level, based on your years of continuous service, as follows:

5 or more years but less than 15 years
of continuous service at retirement: \$5,000

15 or more years of continuous service at retirement:
25% of the amount in force at age 70,
but not more than \$20,000

You can supplement your life insurance at age 70 by converting your additional coverage, or any portion thereof, to an individual policy within 60 days of the end of the month when coverage ends. For more information, refer to the section, "When Coverage Ends/Continuation of Coverage."

Terminal Illness Benefit

The terminal illness benefit is designed to provide an eligible employee or retiree, with a life expectancy of twelve months or less, the use of a portion of life insurance proceeds prior to death.

Eligibility for the terminal illness benefit (TIB)

You are eligible for the TIB if you are a terminally ill employee or eligible retiree who meets the eligibility requirements for group life insurance coverage (described in the section titled "Eligibility").

Benefits under the TIB

The insurance carrier will pay a TIB to a covered person who has been determined by the insurance carrier to be terminally ill.

The TIB is payable only once in a covered person's lifetime.

The TIB allows you to elect to receive from 25% to 75% of the total amount of your life insurance benefit in effect as an immediate benefit.

You may elect to receive the amount in whole or in part at any time after approval has been made. The checkbook account described in the section "Applying for Benefits" will be used for your benefit.

You may use the TIB proceeds for any reason.

Applying for TIB

For the purpose of determining the existence of a terminal illness, the insurance carrier will require the covered person to submit the following proof:

1. A written diagnosis and prognosis by two physicians licensed to practice in the United States, and
2. Supportive evidence satisfactory to the insurance carrier, including but not limited to radiological, histological, or laboratory reports documenting the terminal illness.

The insurance carrier may require, at its expense, an examination of the covered person and a review of the documented evidence by a physician of its choice.

If you believe that you qualify for benefits under the TIB, contact The Coca-Cola Company Benefits Service Center.

If TIB is approved

If a terminal illness benefit is approved:

- The assignee must release your benefit, if your life insurance is assigned, before a TIB can be paid.
- You may not elect to increase your coverage level at any time after the TIB has been approved.

CIGNAassurance Survivor's Counseling Program

The CIGNAassurance survivor's counseling program will automatically be offered through CIGNA to death beneficiaries who receive a death benefit over \$5,000 or to participants who receive the terminal illness benefit.

Upon the death of an eligible employee, the CIGNAassurance program will be offered to the beneficiary. The program offers resources to help cope with financial and emotional issues. CIGNA offers access to free, no-obligation confidential bereavement services 24 hours a day, seven days a week for up to one year after the date of death.

The program also offers:

- Expert, personalized financial guidance and needs analysis; and
- Free legal consultations and discounted professional legal services (services must be initiated within one year of claim payment).

When Coverage Ends/ Continuation of Coverage

Coverage ends if you terminate employment for reasons other than retirement. You may convert your coverage to an individual policy.

When your coverage ends

Coverage for you under the life insurance plan generally ends on the last day of the month in which the earliest of the following occurs:

- you leave employment with the Company or participating affiliate for any reason other than retirement;
- you are no longer eligible for the plan;
- you fail to make the required premium payment; or
- the plan is terminated or amended to terminate coverage for employees similarly situated.

Converting to individual coverage

If your coverage ends or is reduced for any reason other than nonpayment of premium, you may convert to a qualified individual policy offered by the insurance carrier. Your cost for converted coverage will be based on the insurance carrier's current rates for someone your age. You should note that **conversion** rates may be substantially higher than rates under the Company plan.

You should apply directly to the insurance carrier for conversion coverage. You must apply and pay the first premium within 60 days after the form was generated or when coverage ends or is reduced, whichever is later. This date is printed on the form. However, the application period will be extended if you do not receive a notice of your conversion rights within 16 days after the termination or reduction. The extension will end on the earlier of 15 days from the date of the conversion notice, or 90 days from coverage termination or reduction. Once individual coverage has begun, payments are made directly to the insurance carrier.

Continuation of coverage

You may be able to continue life insurance coverage under certain circumstances where coverage under the plan would otherwise end. In these instances, the coverage level that would be continued would generally be the same level you had elected prior to the event.

The circumstances under which you may continue coverage are described in the following chart.

EVENT	Before-tax life insurance coverage continues until:	After-tax life insurance coverage begins and continues (by paying required contributions):
Family and Medical Leave of Absence (FMLA) (without concurrent short term disability)	end of the month in which leave begins unless event date is coincident with the first of the month	<ul style="list-style-type: none"> for 90 days at same contribution rates as for active employees
Layoff	end of the month in which layoff occurs unless event date is coincident with the first of the month	<ul style="list-style-type: none"> for 12 months at same contribution rates as for active employees
Long Term Disability (LTD)	end of the month in which LTD begins unless event date is coincident with the first of the month	<ul style="list-style-type: none"> until LTD benefits end or retirement all contributions paid by Company during period of disability
Military Leave of Absence	Contributions will continue to be deducted from pay until paid leave ends.	<ul style="list-style-type: none"> after paid leave expires, employees will be billed for coverage at the same rate as for active employees coverage continues for a maximum of two years of military leave
Personal Leave of Absence (PLOA)	end of the month in which unpaid leave begins unless event date is coincident with the first of the month	<ul style="list-style-type: none"> for first 45 days – at same contribution rates as for active employees from end of 45 days until end of the approved leave period over 45 days – at full cost of benefits
Retirement	end of the month in which retirement begins unless event date is coincident with the first of the month	<ul style="list-style-type: none"> as long as continued coverage is available at same contribution rates established for retirees in the same class
Short Term Disability (STD)	end of the month in which STD ends unless event date is coincident with the first of the month (generally, FMLA and STD run concurrently)	<ul style="list-style-type: none"> see LTD or PLOA, as appropriate if any remaining FMLA – at same contribution rates as for active employees for remaining FMLA period
Termination	end of the month of termination unless event date is coincident with the first of the month	<ul style="list-style-type: none"> until the end of the last month in which serial severance payments, if any, are received until the end of the 12th month following the date on which the participant begins receipt of serial severance benefits due to job elimination. at same contribution rates as for active employees
Participant remains in elected coverage option until the end of the year of event, at which time annual election of coverage options can be made for the duration of the continued coverage period.		

Tax Considerations

Group life insurance over \$50,000 is subject to tax.

Imputed income for your life insurance

Federal regulations require that an additional amount of income be added to your taxable earnings for life insurance coverage greater than \$50,000. Although this added income, called "imputed income," is not included in your pay, it is reported as taxable income on your Form W-2.

Refer to "The \$50,000 option" in the section, "Life Insurance Amounts."

Assigning your life insurance to another person

For some individuals, life insurance proceeds from this plan could be subject to federal estate tax. If so, your tax advisor may recommend that you assign benefits to someone else. This is called an assignment. An assignment is irrevocable. If this affects you, contact The Coca-Cola Company Benefits Service Center and arrangements may be made for you to receive additional information.

Neither the Company nor the insurance carrier will make any recommendation as to the advisability or consequences of such assignments. An assignment will not be considered effective unless it has been received and approved by the insurance carrier. The Company is not responsible for the validity of assignments. Assignments are subject to state and federal laws and the insurance policy provisions of this benefit. The Company does not allow the employee or retiree contribution for insurance coverage to be paid by the assignee.

Situations Affecting Plan Benefits

Some situations could affect your life insurance benefits.

Summary of some situations

Some situations could affect benefits payable under the group life insurance plan as summarized here.

- If your beneficiary does not apply for benefits or provide the necessary claim information, benefits may be delayed and could even be denied.
- Benefits cannot be paid if your beneficiary cannot be located. It is important that you keep your beneficiary designation up-to-date with The Coca-Cola Company Benefits Service Center. It is also important to keep your current address on file with the Company.
- As a retiree, your life insurance coverage will be reduced on the first of the month after you reach age 70.
- Coverage will end if you fail to make the required premium payments.
- If coverage ends and you do not convert to an individual policy within 60 days (or any extended conversion period), you will lose the chance to do so.

If a benefit is overpaid

If for some reason a benefit is paid that is larger than the amount allowed by the plan, the insurance carrier has a right to recover the excess amount from the person or agency who received it. The person receiving benefits must produce any instruments or papers supporting the benefits paid if requested to do so.

Incontestability of an individual's life insurance

All statements with respect to dependent life insurance under the plan made by a person insured shall be deemed representations and not warranties. With respect to each amount of such insurance for which a person is insured, no such statement shall be used in any contest of such insurance unless a copy of the instrument containing the statement is or has been furnished to him or her or to the beneficiary. No statement made by a person insured under the plan relating to his or her insurability for such insurance shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years from the original effective date of coverage or from the effective date of any added or increased benefits during his or her lifetime nor unless such statement is contained in a written instrument signed by him or her.

Attachment of benefits

To the extent permitted by law, all rights and benefits under this plan are exempt from execution, attachment, garnishment or other legal process for your debts or liabilities.

Physical examinations

The insurance carrier has the right to require any covered participant to submit to a physical examination at his or her own expense when evidence of insurability is required.

Glossary

Basic life amount -- The amount used to determine your life insurance benefit. Your basic life amount is your annual earnings, as described in the section "What annual earnings mean", rounded to the next highest multiple of \$25,000 (limited to a maximum of \$300,000). You may choose a coverage level from one to five times your basic life amount.

Beneficiary -- The person, persons, trust, etc., named by you to receive group life insurance benefits in the event of your death.

Continuous service -- Years of vesting service under the provisions of the Employee Retirement Plan of The Coca-Cola Company. In this context, for purposes of determining a retiree's eligibility for life insurance coverage, continuous service means no break in service immediately prior to retirement.

Conversion -- Continuation of expiring term insurance coverage through an individual life insurance policy.

Eligible retiree -- A retired employee of the Company or a participating affiliate who is not eligible for retiree health benefits under any other plan provided by the Company and is not eligible to participate in a social insurance scheme in his/her country of retirement or citizenship and who has 1) five or more years of service who is eligible to begin receiving retirement income under the provisions of the Employee Retirement Plan of The Coca-Cola Company immediately following termination of active employment; or 2) fifteen or more years of service with the Company, including 10 years as a international service associate, who is eligible to receive a benefit under the provisions of The Coca-Cola Export Corporation Overseas Retirement Plan immediately following termination of active employment.

Imputed income -- Amount that is added to your Form W-2 as taxable income, based on the value of your insurance coverage and applicable IRS tax tables. In the case of group life insurance provided through the Company, the cost for coverage over \$50,000 results in imputed income.

Insurance carrier -- The Life Insurance Company of North America, also referred to as CIGNA.

Terminally ill -- An eligible employee or retiree who has been diagnosed by two qualified physicians as having a life expectancy of 12 months or less.

The Coca-Cola Company Benefits Service Center -- The third party vendor that provides administrative services for certain health and welfare benefit plans on behalf of The Coca-Cola Company. Associates may reach the service center by calling (800) 676-9677 or (404) 676-9677 in Atlanta or outside the U.S.